

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/03/2023
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 140	<p>CLIENT FINANCES CFR(s): 483.420(b)(1)(i)</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is not met as evidenced by: Based on interviews and documentation review, the facility failed to maintain a system to ensure complete accounting of clients' personal funds for 4 of 6 clients (#1, #3, #5 and #6) at Moss II group home. The finding is:</p> <p>Review of supporting documentation during the complaint survey on 10/3/23 revealed the following financial statements from 7/2022-10/2023, internal investigations from 10/2022-10/2023, clients' purchase receipts, facility financial audit statements from 10/2022-10/2023, and the facility's financial and record keeping policy.</p> <p>Review of the facility internal investigation dated 8/17/23 revealed the Statewide ICF Director completed an internal audit on 8/17/23 and discovered that several receipts were not found and not matching several withdrawals from the clients' financial statements ranging from 8/2022-8/2023. Continued review of supporting financial statements revealed several withdrawals ranging from \$100 to \$800 with no purchase receipts or explanations listed on the clients'</p>	W 140			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/03/2023
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 140	<p>Continued From page 1 personal funds statements.</p> <p>Review on 10/3/23 of "client individual fund audit checklist" dated 8/17/23 revealed the following dates 2/23 through 6/23. Continued review of client #1's bank statements and audits revealed his total funds amounted to \$306.18 in cash and \$717.00 according to bank statements totaling \$1023.18. Further review revealed a shortage of \$58.14 with cash on hand.</p> <p>Review of client #3's bank statements and audits revealed his total funds amounted to \$478.16 in cash and \$715.25 according to bank statements totaling \$1193.41. Continued review revealed a shortage of \$427.38 with cash on hand.</p> <p>Review of client #5's bank statements and audits revealed his total funds amounted to \$132.83 in cash and \$2132.60 according to bank statements totaling \$2265.43. Continued review revealed a shortage of \$100.00 with cash on hand.</p> <p>Review of client #6's bank statements and audits revealed her total funds amounted to \$631.26 in cash and \$397.10 according to bank statements totaling \$1028.36. Continued review revealed a shortage of \$530.00 with cash on hand.</p> <p>Continued review of clients #1, #3, #5 and #6 financial records revealed several missing receipts and receipts did not align with the total of funds withdrawn. Further review revealed it was not determined whether the purchases were relative to "spend downs" or personal items.</p> <p>Interview with the Statewide ICF Director on 10/3/23 revealed all receipts in the agency's possession was provided during the survey.</p>	W 140			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/03/2023
NAME OF PROVIDER OR SUPPLIER MOSS II GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615-B MOSS SPRINGS ROAD ALBEMARLE, NC 28001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 140	<p>Continued From page 2</p> <p>Continued interview revealed clients #1, #3, #5 and #6 accounts were not reconciled. Further interview with the Statewide ICF Director confirmed that "the agency plans to reimburse the clients' for their missing funds".</p> <p>Subsequent interview with the Statewide ICF Director revealed there was an increasing concern relative to internal audit findings and purchase receipts not being found for client purchases from 1/2023-8/2023. The Statewide ICF Director also confirmed that clients' financial statements did not specify spend down reports or attached all purchase receipts for clients in Moss II.</p> <p>Additional interview with the statewide ICF Director revealed the facility is working on improving their financial reporting system to ensure all receipts and purchase orders are in order by each individual client and easily accessible upon request.</p>	W 140			